

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Obama for America**

**A. Full Name (Last, First, Middle Initial)**

**Stan Orowe**

Mailing Address 6070 Mission Dr

City

West Bloomfield

State

MI

Zip Code

48324-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Positive Home Doctors

Occupation

Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

**Transaction ID : C11943138**

Date of Receipt

MM / DD / YYYY  
08 / 25 / 2011

Amount of Each Receipt this Period

2500.00

**B. Full Name (Last, First, Middle Initial)**

**Vani Baldwin**

Mailing Address 907 Highland Ct

City

Germantown Hills

State

IL

Zip Code

61548-9056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Peoria Dental Group

Occupation

Dentist - Retired

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : C12334918**

Date of Receipt

MM / DD / YYYY  
09 / 29 / 2011

Amount of Each Receipt this Period

250.00

**C. Full Name (Last, First, Middle Initial)**

**Marty White**

Mailing Address 1130 N Cicero Ave

City

Baton Rouge

State

LA

Zip Code

70816-1839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State of Louisiana

Occupation

Attorney

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : C11776768**

Date of Receipt

MM / DD / YYYY  
07 / 28 / 2011

Amount of Each Receipt this Period

200.00

**Subtotal Of Receipts This Page (optional)**.....

2950.00

**Total This Period (last page this line number only)**.....